

CLAIMS ONLY							Application Number 16626926	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			X					
2				X				
3								
4								
5								
6								
7								
8								
9								
10				X				
11					X			
12						X		
13							X	
14								
15			X					
16				X				
17					X			
18						X		
19							X	
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46								
47								
48								
49								
50								
Total Indep			9					
Total Depend			12					
Total Claims			15					